

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Click here to enter text.	FROM:	Name and Title: Click here to enter text.
	Organizational Unit: Click here to enter text.		Organizational Unit: Click here to enter text.
	Address: Click here to enter text.		Address: Click here to enter text.

1. TYPE OF REQUEST: ☐ Follow-up to Verbal Request - Date of Verbal Request: [Click here to enter text.](#) ☐ Written Request

2. STATEMENT OF QUESTION OR ISSUE: [Click here to enter text.](#)

References: [Click here to enter text.](#)

3. ANSWER: [Click here to enter text.](#)

References: [Click here to enter text.](#)

Approved and Issued by: _____

(Program Director)

Date: _____

STATE USE ONLY	4: DISTRIBUTION: One Copy: _____ Requestor One Copy: _____ Manual Coordinator One Copy: _____ Division Files Additional Copies: <input type="checkbox"/> to Click here to enter text.	5: FOLLOW-UP: <input type="checkbox"/> To be issued as Bulletin to Click here to enter text. <div style="text-align: right;">(Division Administrator)</div> Manual. Expected Date of Issuance: Click here to enter text. <input type="checkbox"/> A.R.M. Change <input type="checkbox"/> State Plan Change
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